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## STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

AUG 08 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) ROSEMARY M. HEARD
II. Name of lobbyist's partnership, firm or corporation, if any:  On (ord Area Trust for (ommunity Housing) (ATA  (Name of partnership, firm or corporation)
105 Loudon Rd unit 1 (onlord NH 6330)
(1003) 225-8835 (1003) 225-8040 e-mail rheard @ catchhousing (Fax)
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:  (ONCORD AYEAT MST FOY (DMMUNITY HOUSING)  (Full Name of Client as it appears on the Lobbyist Registration Form)
OR  ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 26, 2017
V. There have been no fees received and no reportable transactions made since the last report.  If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 704.  Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A. Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement
☐ If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions
Sworn Statement/Affirmation by Lobbyist Thave read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbylist) (Date)
Print Name of lobbyist)  M. He ard